

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

OCT 04 2022

Bayfield Co.
Planning and Zoning Agency

Permit #:

Date:

Amount Paid:

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: Patrick & Jill Burke	
Mailing Address: 5272 Red Oak Dr.	
City/State/Zip: St. Paul MN 55112	
Telephone: 763-439-6107	
Address of Property: 1595 Bain Rd	
City/State/Zip: Bayle WI 54820	
Cell Phone: 763-439-6107	
Contractor: Holschun Bldgs.	
Contractor Phone: 219-428-5123	
Plumber: Ryan Mackey	
Plumber Phone: 715-692-5019	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) William Erickson	
Agent Phone: 715-692-5019	
Agent Mailing Address (include City/State/Zip): 71170 State Hwy 13 Ashland WI	
Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION: Legal Description: (Use Tax Statement) E1/4 NW 1/4, NE 1/4	
PIN: (23 digits) 04-022-2-47-09-061 02-000-10000	
Recorded Document: (i.e. Property Ownership) Volume 2022R Page(s) 595/32	
Subdivision: 21.65	
Section 06, Township 47 N, Range 09 W	
Town of: Hughes	
Lot Size: 21.65	

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$315,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
<input type="checkbox"/> _____						

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: 78	Width: 34	Height: 18

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(34 X 44)	1496
		with Loft	(X)	
		with a Porch	(16 X 6)	96
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2 nd) Deck	(X)	
		with Attached Garage	(34 X 34)	1156
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date _____

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 10-3-22

Address to send permit _____

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

SEE PERMIT # 17-0169 for mobile home for previous TISA

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	686 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	620 Feet	Setback from the River, Stream, Creek	— Feet
		Setback from the Bank or Bluff	— Feet
Setback from the North Lot Line	620 Feet		
Setback from the South Lot Line	662 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	198 Feet	Setback from 20% Slope Area	— Feet
Setback from the East Lot Line	380 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	25 Feet	Setback to Well	25 Feet
Setback to Drain Field	— Feet		
Setback to Privy (Portable, Composting)	— Feet		

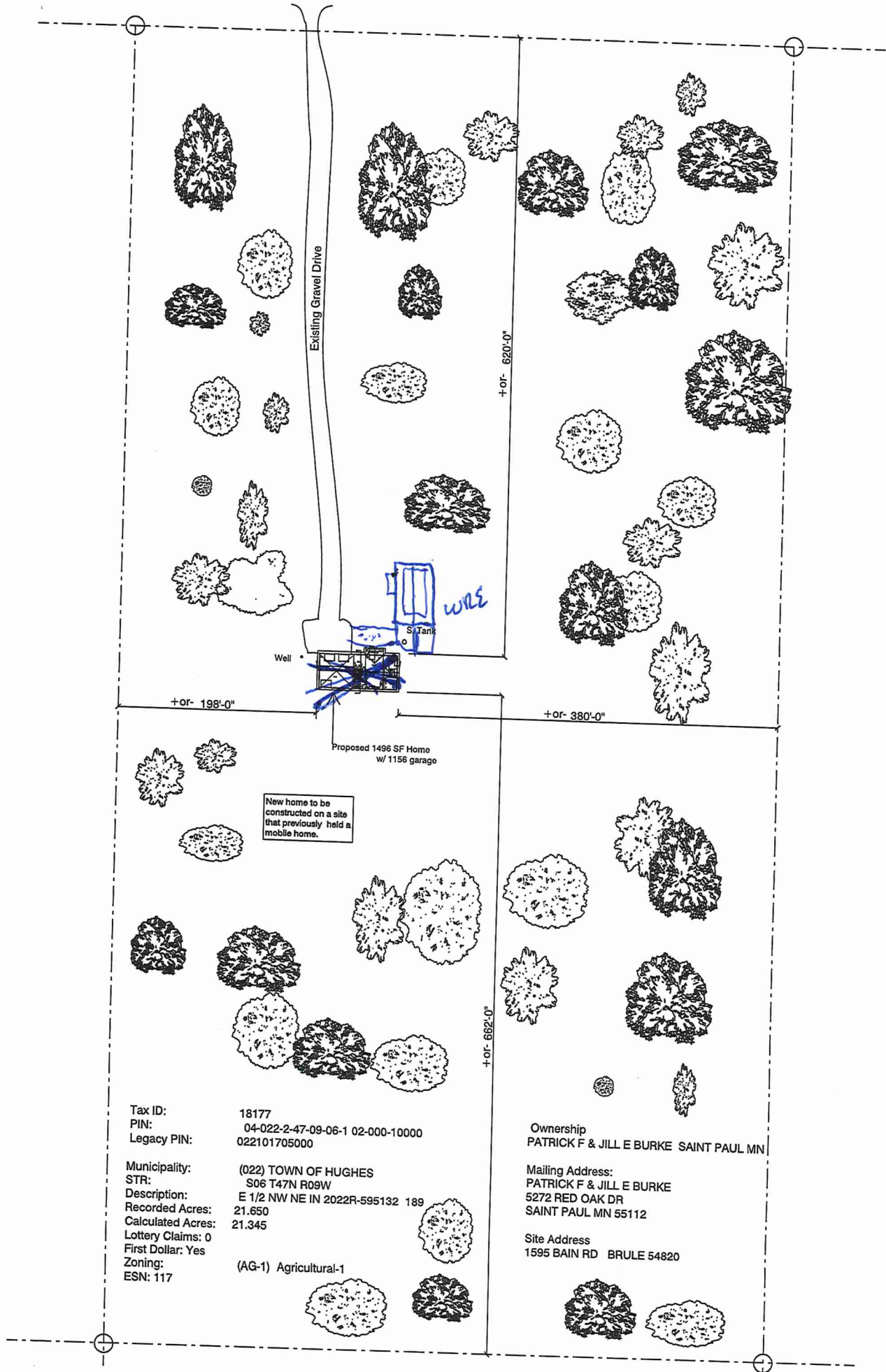
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 15-775	# of bedrooms: 3	Sanitary Date: 7/1/15	
Permit Denied (Date):		Reason for Denial:			
Permit #: 22-0294		Permit Date: 10-27-2022			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:			
Was Parcel Legally Created		Were Property Lines Represented by Owner		Was Property Surveyed	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:		Special-A 17-0169		Zoning District (A-1)	
Date of Inspection: 10/25/22		Inspected by: OPD		Lakes Classification (D/A)	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:			
Build as proposed					
Get required UDC inspections					
Signature of Inspector: [Signature]		Date of Approval: 10/26/22			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
Hold For Fees: <input type="checkbox"/>					



Tax ID: 18177
PIN: 04-022-2-47-09-06-1 02-000-10000
Legacy PIN: 022101705000

Municipality: (022) TOWN OF HUGHES
STR: S06 T47N R09W
Description: E 1/2 NW NE IN 2022R-595132 189
Recorded Acres: 21.650
Calculated Acres: 21.345
Lottery Claims: 0
First Dollar: Yes
Zoning: (AG-1) Agricultural-1
ESN: 117

Ownership
PATRICK F & JILL E BURKE SAINT PAUL MN

Mailing Address:
PATRICK F & JILL E BURKE
5272 RED OAK DR
SAINT PAUL MN 55112

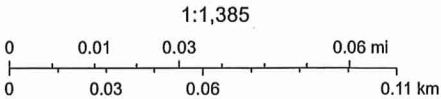
Site Address
1595 BAIN RD BRULE 54820

Bayfield County, WI



10/7/2022, 9:39:36 AM

- Approximate Parcel Boundary
- Building



Bayfield County Land Records Department

I Patrick and Jill Burke to hereby allow William R. Erickson, Extreme Measures Bldg. Svcs. LLC, to act as my agent to apply for any and all building permits for my construction project located at:

1595 Bain Rd

Brule, WI 54820

Land Description

21.65 acre PARCEL

East ½ NW1/4 NE 1/4 Sec 06 Twn 47 N R 09 w

Township of Hughes

PIN 04-022-2-47-09-06-1 02-000-10000

Tax ID 18177

Signature

Patrick Burke

Date

10-3-22

Jill E. Burke

10-3-22

10/3/22, 5:11 PM

Real Estate Tax Bill

TOWN OF HUGHES TREASURER
GIANNA PARENTEAU
PO BOX 93

IRON RIVER WI 54847
Phone: (715) 372-5767

STATE OF WISCONSIN - BAYFIELD COUNTY
REAL ESTATE PROPERTY TAX BILL FOR 2021

RICKY D KONCZAK
TOWN OF HUGHES

PAYMENTS should reference: **Tax ID: 18177**

DOCUMENT RECORDING, or anything Else should reference:

PIN: 04-022-2-47-09-06-1 02-000-10000

Alternate/Legacy ID: 022-1017-05 000

Ownership: RICKY D KONCZAK

RICKY D KONCZAK
10850 S LONG LAKE RD
IRON RIVER WI 54847

Important: Be sure this covers your property. Note that this description is for tax bills only and may not be a full legal description. See reverse side for important information.

Property Description / Location of Property.

Site Address: 1595 BAIN RD

Description: Sec 06 Tn 47 Rg 09 E 1/2 NW NE IN V.1143 P.437 189

Please include self-addressed, stamped envelope for return receipt.
Please inform your treasurer of any billing address changes.

Acreage: 21.650

Document: 2015R-558978 1143-437

Assessed Value			Average Assessment Ratio	Net Assessed Value Rate (Does NOT reflect lottery or first dollar credit) 0.014270772	Real Estate Tax: 859.11	
<u>Land</u>	<u>Improved</u>	<u>Total</u>			First Dollar Credit: -67.92	Lottery Credit: -0.00
\$38,500	\$21,700	\$60,200	0.90724			
Estimated Fair Market Value			An "X" means unpaid prior year taxes. <input type="checkbox"/>	School taxes reduced by school levy tax credit. \$121.08	Net Real Estate Tax: 791.19	
<u>Land</u>	<u>Improved</u>	<u>Total</u>			Total Due: 791.19	
\$42,400	\$23,900	\$66,300				
For full payment pay to TOWN OF HUGHES treasurer by January 31, 2022						
Warning						
If not paid by due dates, installment option is lost and total tax is delinquent and subject to interest and if applicable, penalty. (See reverse)						
Estimated State Aids			% Tax			
Allocated Tax District			Net Tax		Change	
Taxing Jurisdiction	2020	2021	2020	2021		
COUNTY	27,148	30,627	253.41	268.32	5.9	
TOWN OF HUGHES	205,424	209,455	89.46	89.65	0.2	
SCHL-MAPLE	646,430	759,060	505.29	479.84	-5.0	
TECHNICAL COLLEGE	56,393	62,816	22.27	21.30	-4.4	
</						

Warning
If not paid by due dates, installment option is lost and total tax is delinquent and subject to interest and if applicable, penalty. (See reverse)

Pay **1st** Installment Of: **395.60**
Or Pay **Full** Payment Of: **791.19**
by **January 31, 2022**

Amount enclosed: _____
RICKY D KONCZAK
Tax ID: 18177 (022)
Make payment payable and mail to:
TOWN OF HUGHES TREASURER
GIANNA PARENTEAU
PO BOX 93
IRON RIVER WI 54847
Include this stub with your payment

Pay **2nd** Installment Of: **395.59**
by **July 31, 2022**

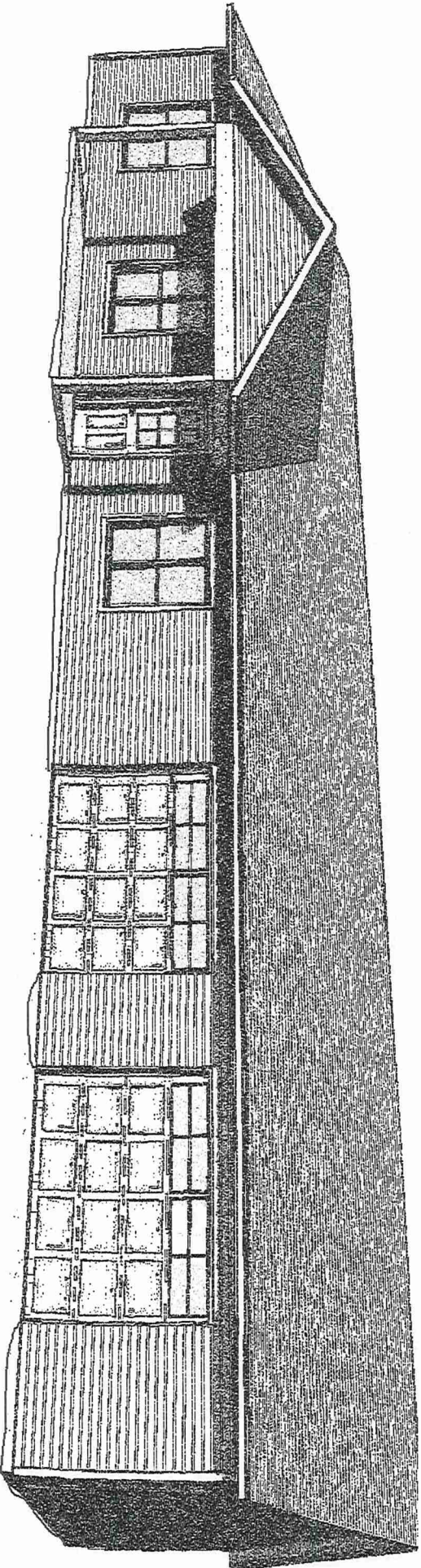
Amount enclosed: _____
RICKY D KONCZAK
Tax ID: 18177 (022)
Make payment payable and mail to:
BAYFIELD COUNTY TREASURER
JENNA GALLIGAN
PO BOX 397
WASHBURN WI 54891
Include this stub with your payment

This building plan is intended to meet the intent of the Wisconsin Building Code. It is the responsibility of all trades involved to completely verify code compliance. The users of this plan release the designer from any claims or lawsuits that may arise during the construction or anytime thereafter. Every effort has been made in preparing these plans and checking them for accuracy. The designer assumes no responsibility for any errors or omissions or other inaccuracies. The designer assumes no responsibility or liability of these omissions and any incidental, indirect or consequential damages whatsoever arising from the use of these drawings or the information provided therein. These drawings are intended for a qualified and competent tradesman capable of determining the details required before, during and after construction.

All persons involved shall verify all details, dimension and notes prior to commencement of work and to report any discrepancies to the designer for further edit.

Flood and Floor system details to be verified and/or specified by the designer/supplier. It is the responsibility of the builder to verify all information provided by manufacturer, floor and roof supplier and to report any discrepancies to the designer for further edit. The designer does not supersede any information provided in these drawings.

Burke Home



General Notes:

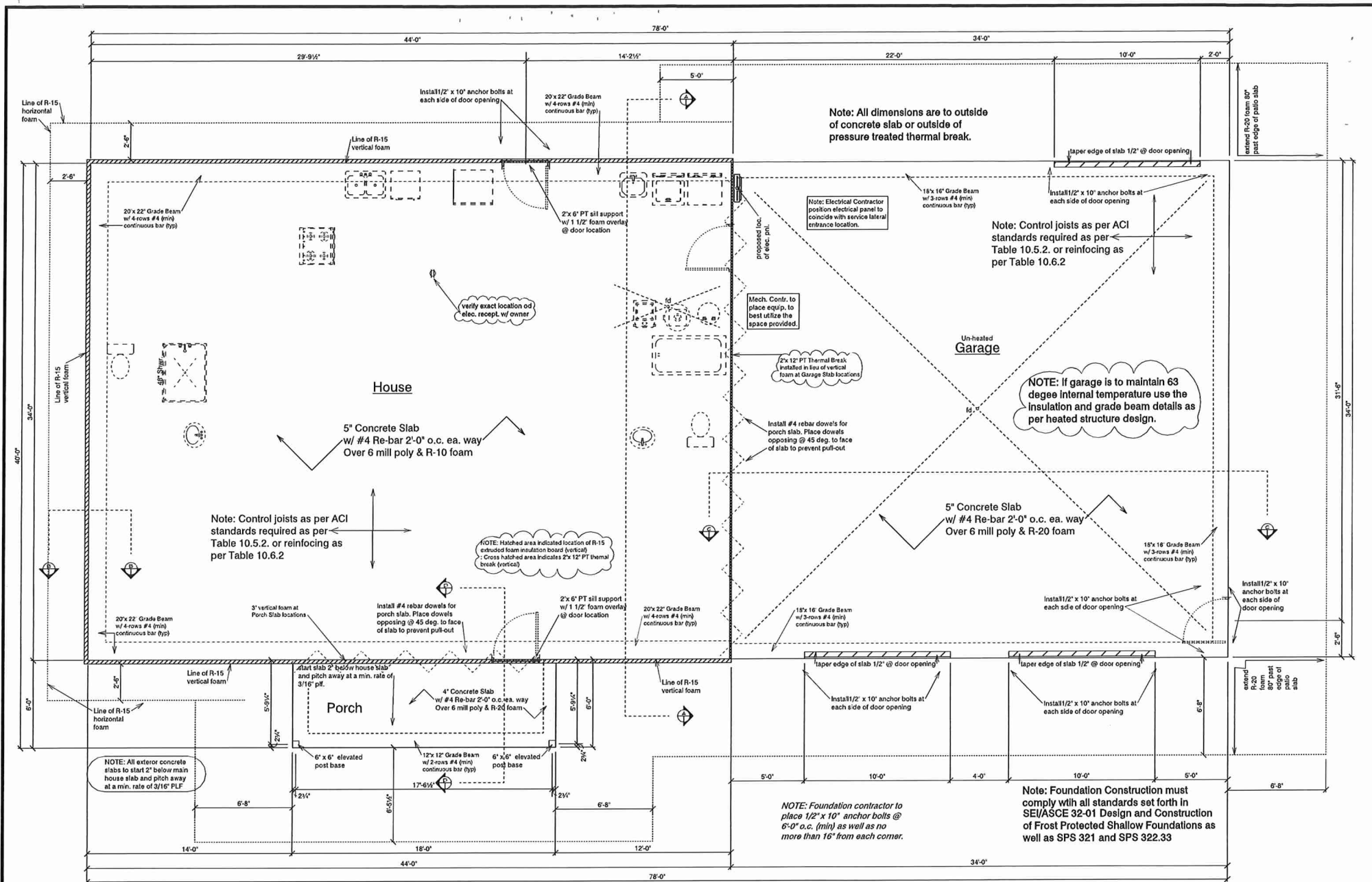
- All assemblies and components to be installed as per manufacturers specific instructions.
- All dimensions are to rough framing unless otherwise noted.
- All exterior walls to be 2' x 4" and all interior walls to be 2' x 4" unless otherwise noted.
- All exterior walls to receive housewrap, Housewrap to be taped at all seams.
- Flash all windows and door openings.
- Seal all wall and ceiling penetrations that connect to outside air.
- All gable ends to be min. 36" A/F.
- All exterior walls to be min. 4" spacing studs.
- All exterior walls to include double top/bottom studs on all openings greater than 6'-6" (assuming uniform loading).
- Install increased number of trimmer studs suitable to carry point loads above headered openings. (consult engineered plans) unless otherwise noted all openings, in bearing walls, less than 4'-6" to receive min. 2x12 top/bottom studs.
- All exterior walls to be min. 4" spacing studs.
- It is the sole responsibility of the specific trades, performing these duties, to confirm that the information contained in these documents completely complies with all local and state building codes prior to test and balance HVAC system and leave instructions for owner.
- All Electrical installations shall comply with the requirements of Wisconsin Administrative Electrical Code, Vol 2, ch SPS 316.
- Design and installation of plumbing shall comply with the requirements of the Wisconsin Plumbing Code, ch SPS 317.
- All property lines as shown unless a certified survey map has been provided.
- The contractor is to have all utility lines verified by the respective utility company. The contractor to have Diggers Hotline perform a locate prior to any excavation.
- The contractor to be make sure that all excavation is to locate any private utility lines, located on site, prior to excavation.

Pat and Jill
Burke Home
1595 Bain Rd
Brule, WI 54820

EXX *Extreme Plans, Done.*
Extreme Measures.
Residential Construction Planning
4700 Lakeview Dr
Ashland, WI 54806
Office 715-682-3019 Mobile 715-269-3977
WWW.ExtremeMeasuresPlans.com

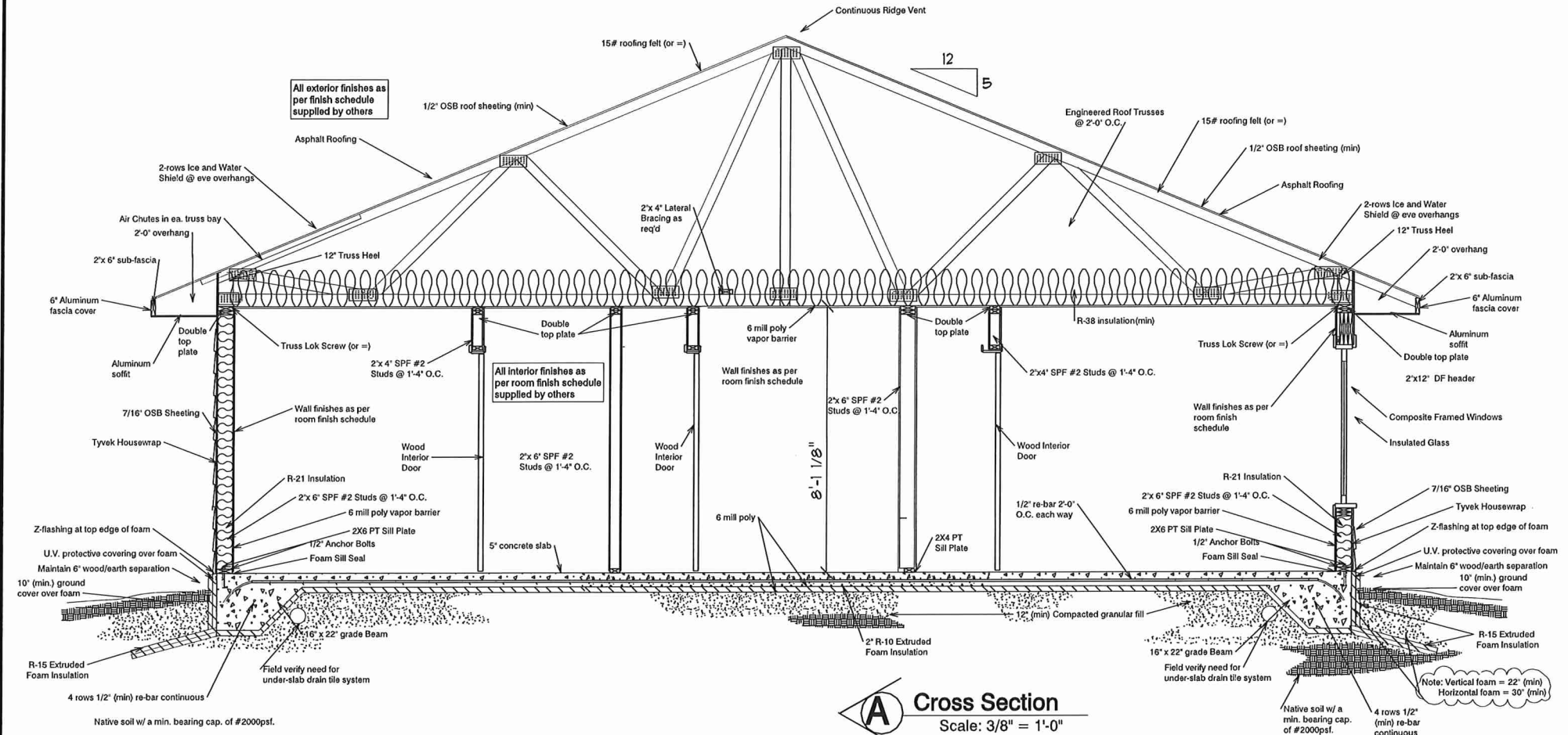
Scale: As Shown
APPROVED: WRE
CHECKED BY: WRE
DATE: 07-21-2022
Drg. No. 22-07-955

Cover



Roof Loading Specifications for Manufactured Roof Truss Products and Components

Total Load = 57psf
 -LL = 40 psf
 -DL = 17 psf
 - top cord = 7psf
 - bottom cord = 10 psf



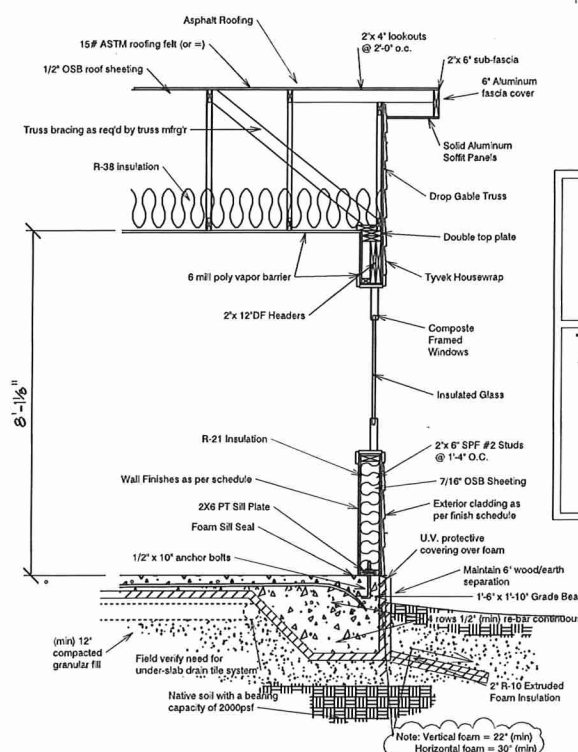
A Cross Section
 Scale: 3/8" = 1'-0"

Extreme Measures
 Residential Construction Planning
 71470 State Hwy 137
 Ashland, WI 54806
 Office: 715-682-5019
 Mobile: 715-209-3977
 WWW.ExtremeMeasuresPlans.com

**Pat and Jill
 Burke Home**
 1595 Bain Rd
 Brule, WI 54820

Scale: 1/2" = 1'-0"
 APPROVED: WRE
 CHECKED BY: WRE
 DATE: 07-21-2022
 Drg. No. 22-07-955

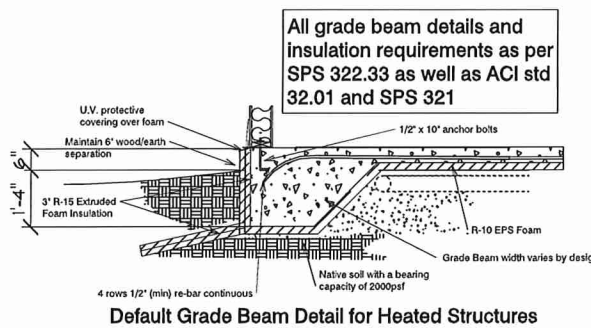
Cross Sections



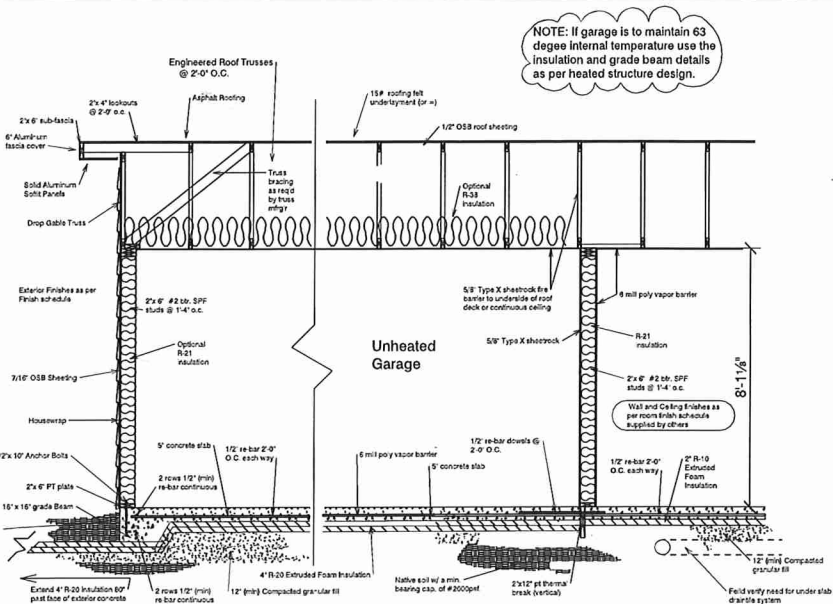
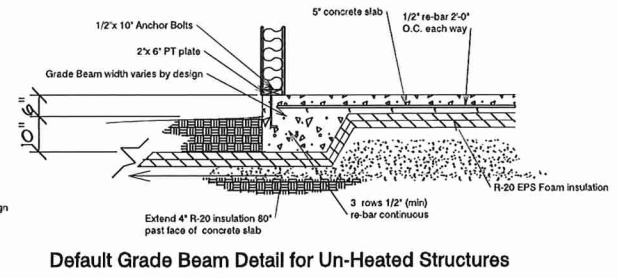
**Roof Loading Specifications
for Manufactured Roof Framing
Products and Components**

Total Load = 57psf
 -LL = 40 psf
 -DL = 17 psf
 - top cord = 7psf
 - bottom cord = 10 psf

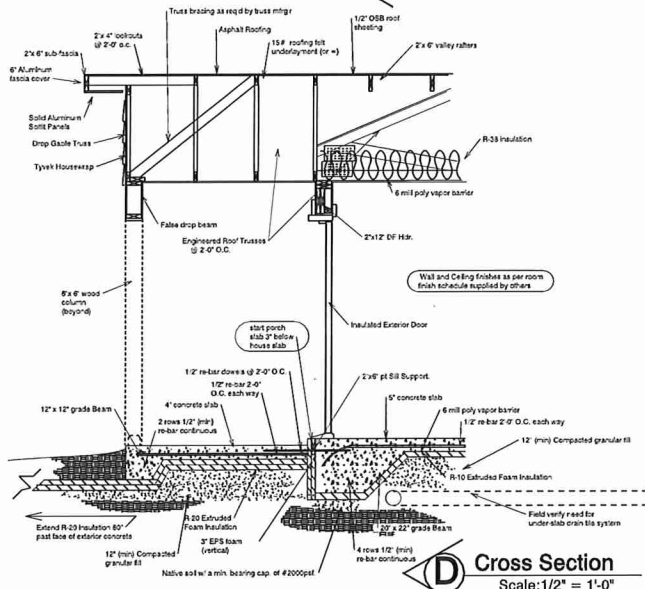
B Cross Section
Scale: 1/2" = 1'-0"



All grade beam details and insulation requirements as per SPS 322.33 as well as ACI std 32.01 and SPS 321



C Cross Section
Scale: 3/8" = 1'-0"



D Cross Section
Scale: 1/2" = 1'-0"

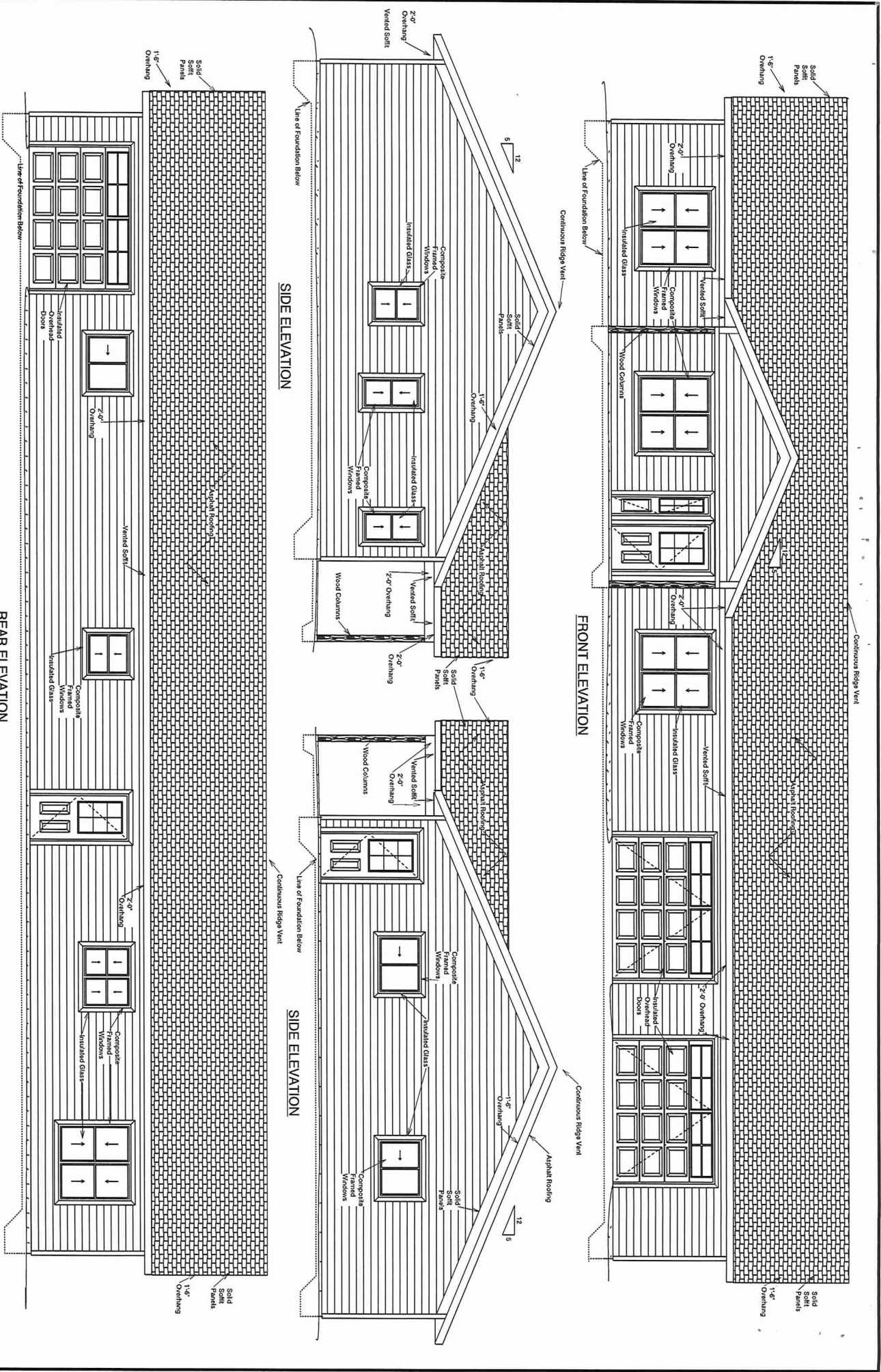
Extreme Measures
 Residential Construction Planning
 71470 State Hwy 137
 Ashland, WI 54806

Office: 715-682-5019
 Mobile: 715-209-3977
WWW.ExtremeMeasuresPlans.com

**Pat and Jill
Burke Home**
 1595 Bain Rd
 Brule, WI 54820

Scale: As Shown
 APPROVED: WRE
 CHECKED BY: WRE
 DATE: 07-21-2022
 Drg. No. 22-07-955

Cross Section



Extreme Measures
Residential Construction Plans
7420 State Hwy 137
Ashland, WI 54806
Office 715-682-5019
Mobile 715-509-3877
WWW.ExtremeMeasuresPlans.com

**Pat and Jill
Burke Home**
1595 Bain Rd
Brule, WI 54820

Scale: 1/4" = 1'-0"
APPROVED: WRE
CHECKED BY: WRE
DATE: 07-21-2022
Drg. No. 22-07-955

Elevations

Real Estate Bayfield County Property Listing

Today's Date: 10/7/2022

Property Status: **Current**

Created On: 3/15/2006 1:15:30 PM

Description	Updated: 6/28/2022
Tax ID:	18177
PIN:	04-022-2-47-09-06-1 02-000-10000
Legacy PIN:	022101705000
Map ID:	
Municipality:	(022) TOWN OF HUGHES
STR:	S06 T47N R09W
Description:	E 1/2 NW NE IN 2022R-595132 189
Recorded Acres:	21.650
Calculated Acres:	21.345
Lottery Claims:	0
First Dollar:	Yes
Zoning:	(AG-1) Agricultural-1
ESN:	117


Tax Districts	Updated: 3/15/2006
1	STATE
04	COUNTY
022	TOWN OF HUGHES
163297	SCHL-MAPLE
001700	TECHNICAL COLLEGE

Recorded Documents	Updated: 8/31/2010
WARRANTY DEED	
Date Recorded: 6/20/2022	2022R-595132
QUIT CLAIM DEED	
Date Recorded: 3/7/2022	2022R-593723
QUIT CLAIM DEED	
Date Recorded: 6/3/2015	2015R-558978 1143-437
LAND CONTRACT	
Date Recorded: 6/1/2010	2010R-532957 1040-785
TERMINATION OF DECEDENT'S INTEREST	
Date Recorded: 6/1/2010	2010R-532956 1040-781
WARRANTY DEED	
Date Recorded: 2/17/1978	319620 312-304

Ownership	Updated: 6/28/2022
PATRICK F & JILL E BURKE	SAINT PAUL MN

Billing Address:	Mailing Address:
PATRICK F & JILL E BURKE	PATRICK F & JILL E BURKE
5272 RED OAK DR	5272 RED OAK DR
SAINT PAUL MN 55112	SAINT PAUL MN 55112

Site Address	* indicates Private Road
1595 BAIN RD	BRULE 54820



Property Assessment

Updated: 4/23/2018

2022 Assessment Detail			
Code	Acres	Land	Imp.
G1-RESIDENTIAL	1.000	5,500	21,700
G6-PRODUCTIVE FOREST	20.650	33,000	0
2-Year Comparison			
	2021	2022	Change
Land:	38,500	38,500	0.0%
Improved:	21,700	21,700	0.0%
Total:	60,200	60,200	0.0%

Property History
N/A

Johnson Michael
367-PS68 24848 24835 Septic
Lisa Zupker 13-925 68-13
Ricky Konozak 15-775 76-15
" 17-0169 Special A

- A-1 class A
- Where & How STAKED? OK
10/13/22 Not yet 10/25/22
- Septic - Reconnection 10/13/22
Progress 10/25

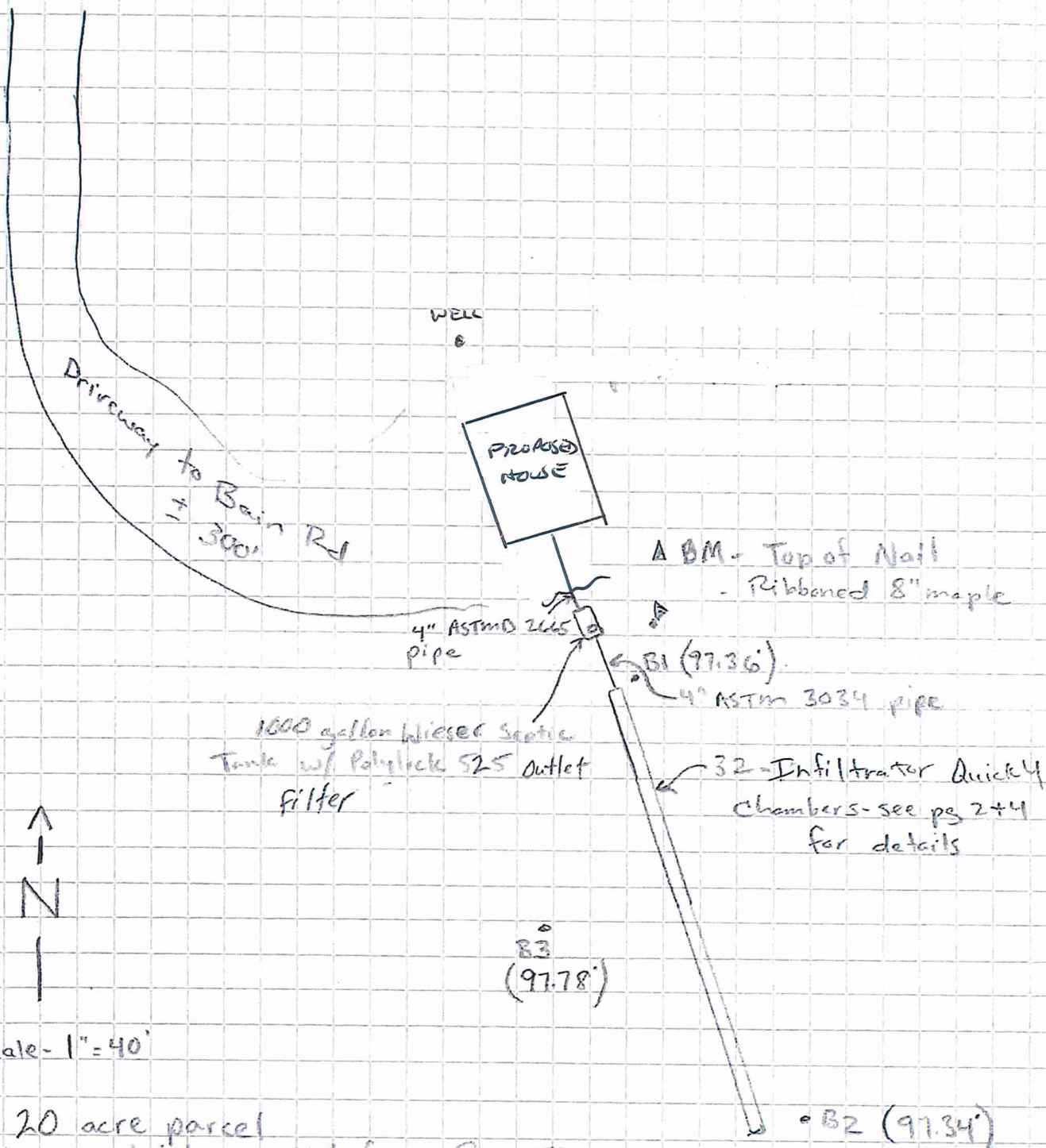
BAYFIELD COUNTY
SANITARY PERMIT APPLICATION

Zoning District _____

Lakes Class _____

I. APPLICATION INFORMATION (Please Print All Information)			Soil Test No: 76-15		County Permit No: 15-77	
Property Owner's Name: PATRICK & JILL BURKE			County: Bayfield			
Address of Property: 1595 BAIN RD. BRULE, WI			Property Location: NW 1/4 NE 1/4, S 06 T 42 N, R 09 E (or) W			
Property Owner's Mailing Address: 5772 RED OAK DR. #			Township: HUGHES		Gov. Lot #:	
City, State ST PAUL, MN	Zip Code 55112	Phone Number 715-372-8708	Lot #	Block #	CSM #	CSM Doc #
					Subdivision Name	
II. TYPE OF BUILDING: (Check One)			Tax ID#: 18177			
<input type="checkbox"/> State Owned			OCT 21 2022 Bayfield Co. Planning and Zoning Agency			
<input type="checkbox"/> Public (Explain the use/purpose _____)						
<input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms 3						
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)						
A) <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor						
<input checked="" type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below)						
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: 15-77 Date Issued: 76-15						
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above						
C) <input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards)						
<input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet						
V. ABSORPTION SYSTEM INFORMATION:						
1. Gallons Per Day 450	2. Absorp. Area Required (Sq.Ft.) 642.5	3. Absorp. Area Proposed (Sq. Ft.) 645	4. Loading Rate (Gals. / Day / Sq.Ft.) 0.7	5. Perc. Rate (Min. Inch) —	6. System Elev.(Feet) 95.3	7. Final Grade Elev. (Feet) EXISTING
VI. TANK INFORMATION:		Capacity In Gallons	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete
		New Tanks	Existing Tanks			Site Constructed
Septic Tank or Holding Tank			1000	1000	1	WIETZ
Lift Pump Tank / Siphon Chamber						X
VII. RESPONSIBILITY STATEMENT:						
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.						
Owner's Name(s): (Print) If applying for Section C above				Owner's Signature(s): (No Stamps)		
Plumber's Name: (Print) If applying for Section A or B) above CHAD DOUTEMANN				Plumber's Signature: (No Stamps) Chad		MP/MPSRW No: 1438660
Plumber's Address: (Street, City State, Zip Code) PO Box 66 CABLER, WI				Home Phone: 715-788-3355		Business Phone:
VIII. COUNTY / DEPARTMENT USE ONLY						
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: \$50.00		Date Issued:	Issuing Agent's Signature / Date: 10/24/22	
<input type="checkbox"/> Owner Given Initial Adverse Determination						
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:						

Plot Plan on reverse side



scale - 1" = 40'

20 acre parcel
Nearest lot line > 100' from POLOTS

NW¹/₄, NE¹/₄, S6, T47N, R9W
Town of Hughes
Tax# 18177

Chris A. [Signature]
MP 1438666
10/10/2022

Description

Updated: 6/28/2022

Tax ID:

18177

PIN:

04-022-2-47-09-06-1 02-000-10000

Legacy PIN:

022101705000

Map ID:

Municipality:

(022) TOWN OF HUGHES

STR:

S06 T47N R09W

Description:

E 1/2 NW NE IN 2022R-595132 189

Recorded Acres:

21.650

Calculated Acres:

21.345

Lottery Claims:

0

First Dollar:

Yes

Zoning:

(AG-1) Agricultural-1

ESN:

117

Tax Districts

Updated: 3/15/2006

1

STATE

04

COUNTY

022

TOWN OF HUGHES

163297

SCHL-MAPLE

001700

TECHNICAL COLLEGE

Recorded Documents

Updated: 8/31/2010

WARRANTY DEED

Date Recorded:

6/20/2022

2022R-595132

QUIT CLAIM DEED

Date Recorded:

3/7/2022

2022R-593723

QUIT CLAIM DEED

Date Recorded:

6/3/2015

2015R-558978 1143-437

LAND CONTRACT

Date Recorded:

6/1/2010

2010R-532957 1040-785

TERMINATION OF DECEDENT'S INTEREST

Date Recorded:

6/1/2010

2010R-532956 1040-781

WARRANTY DEED

Date Recorded:

2/17/1978

319620 312-304

Ownership

Updated: 6/28/2022

PATRICK F & JILL E BURKE

SAINT PAUL MN

Billing Address:

PATRICK F & JILL E BURKE

5272 RED OAK DR

SAINT PAUL MN 55112

Mailing Address:

PATRICK F & JILL E BURKE

5272 RED OAK DR

SAINT PAUL MN 55112

Site Address

* indicates Private Road

1595 BAIN RD

BRULE 54820

Property Assessment

Updated: 4/23/2018

2022 Assessment Detail

Code

Acres

Land

Imp.

G1-RESIDENTIAL

1.000

5,500

21,700

G6-PRODUCTIVE FOREST

20.650

33,000

0

2-Year Comparison

Land:

Improved:

Total:

2021

2022

Change

38,500

38,500

0.0%

21,700

21,700

0.0%

60,200

60,200

0.0%

Property History

N/A

BAYFIELD COUNTY

SANITARY PERMIT (#04)-15-77S

STATE SANITARY PERMIT

OWNER: RICKY D KONCZAK

GOV'T LOT: LOT: BLK: 0

CSM:

SUBDIVISION:

NW 1/4 NE 1/4 SEC: 6, T 47 N, R 9 W

TOWNSHIP: HUGHES

SOIL TEST: 76-15

NEW SYSTEM

SYSTEM TYPE: Non-Pressurized In-Ground

PLUMBER: Chad Rochwite

JENNIFER MURPHY DATE: 7/1/2015

Authorized Issuing Officer

CHAPTER 145.135(2) WISCONSIN STATUTES

- a. The purpose of the sanitary permit is to allow installation of the private sewage system described in the permit.
- b. The approval of the sanitary permit is based on regulations in force on the date of approval.
- c. The sanitary permit is valid and may be renewed for specified period.
- d. Changed regulations will not impair the validity of a sanitary permit.
- e. Renewal of the sanitary permit will be based on regulations in force at the time renewal is sought, and that changed regulations may impede renewal.
- f. The sanitary permit is transferable.

History: 1977 c. 168; 1979 c. 34,221; 1981 c. 314

Note: If you wish to renew the permit, or transfer ownership of the permit, please contact the county authority.

PREVIOUS PERMIT #:

LICENSE: #

Condition: System shall be maintained per recorded agreement.

THIS PERMIT EXPIRES 7/1/2017

POST IN PLAIN VIEW

MUST BE VISIBLE FROM ROAD FRONTING THE LOT DURING CONSTRUCTION



PRIVATE ONSITE WASTE TREATMENT SYSTEMS
(POWTS)
INSPECTION REPORT
(ATTACH TO PERMIT)

County	Bayfield
Sanitary Permit No:	15-775
State Plan Transaction ID#:	
Parcel Tax No:	

GENERAL INFORMATION

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)]

Permit Holder's Name:	Konczak Ricky	<input type="checkbox"/> City	<input type="checkbox"/> Village	<input checked="" type="checkbox"/> Town of:	HUGHES
CST BM Elev:		Insp BM Elev:		BM Description:	road on maple

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	Weisen	1000 g
Dosing		
Aeration		
Holding		

ELEVATION DATA

STATION	BS	HI	FS	ELEV
Benchmark		1.15		101.15
Bldg. Sewer			6.13	95.02
St / Ht Inlet			6.69	94.46
St / Ht Outlet			6.94	94.21
Dt Inlet				
Dt Bottom				
Installation Contour				
Header / Man.			7.07	94.08
Dist. Pipe				
Infiltrative Surface			7.89	93.26
Final Grade			4.10	97.05

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG	VENT TO AIR INTAKE	ROAD
Septic	10	120	18	18	NA
Dosing					NA
Aeration					NA
Holding					

PUMP / SIPHON INFORMATION

Manufacturer		Demand	
Model Number		GPM	
TDH	Lift	Friction Loss	System Head
Force main	Length	Dia	Dist. To Well

DISPERSAL CELL INFORMATION

DIMENSIONS	Width	Length	No of Cells
SETBACK INFORMATION	P / L	Bldg	Well
CELL TO	150	30	150

Type of System	LEACHING CHAMBER	Manufacturer:
con. gravity		Durval 4
		Model Number:

DISTRIBUTION SYSTEM

Header / Manifold	Length	Dia	Distribution Pipe(s)	Length	Dia	Spac	X Hole Size	X Hole Spacing	Observation Pipes
NA									<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SOIL COVER

Depth Over Cell Center	3ft	Depth Over Cell Edges	4ft	Depth of Topsoil	3ft	Seeded / Sodded	Mulched
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

COMMENTS: (Include code discrepancies, persons present, etc.)

chad on site. poullock S25. owner on site.
99.15 nice, warm, sunny day. Mobile home on site.
7.89 Distribution cell = 2.04 ft deeper than approved
93.26 Plumber also soil tester. At 3ft separation to bottom

Plan revision required? ☒ Yes ☐ No

7/6/15

[Signature]

104/3/28

Use other side for additional information

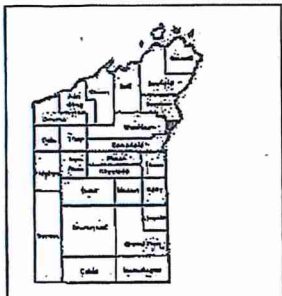
Date

POWTS Inspector's Signature

Cert No

Bureau of Field Operations, PO Box 7302, Madison, WI 53701-7302
SBD-6710 (R.3/01)

soil test, but no indication of restrictive feature/redox upon installation.



BAYFIELD COUNTY PLANNING & ZONING DEPARTMENT

Telephone: (715) 373-6138
Fax: (715) 373-0114
e-mail: zoning@bayfieldcounty.org
Web Site: www.bayfieldcounty.org/zoning

Bayfield County Courthouse
Post Office Box 58
117 East Fifth Street
Washburn, WI 54891

Property Owner _____

Ricky Konczak
10850 Long Lake Rd
Iron River WI 54847
XXX Bain Rd - Hughes
15-77S (76-15) Rochwite

Address _____

City _____

State _____

Zip Code _____



As you know _____ was contracted by you to install a private onsite wastewater treatment system on your property described as:

_____ 1/4 of _____ 1/4, Section _____, Township _____ N., Range _____ W. Town of Burns
Govt. Lot _____ Lot _____ Block _____ Subdivision _____ CSM# _____
Volume _____ Page _____ of Deeds Parcel ID# _____ Acreage _____
Additional Legal Description: BAIN ROAD

On 7-6-15 at 12 (AM / PM) the above-mentioned plumber contacted our office to conduct a pre-cover inspection as required under Comm 83. One of the following applies:

- ☒ System was inspected and appears to meet all applicable code requirements.
- ☐ System was inspected, and appears to meet all applicable code requirements; however a plan revision is necessary because the installation was substantially different than the original approval.
- ☐ System could not be inspected because plumber covered prior to scheduled time of inspection.
- ☐ System could not be inspected because plumber was not ready at scheduled time of inspection. County was unable to return to complete inspection.
- ☐ System could not be inspected because plumber was not ready at scheduled time of inspection. A re-inspection and \$40 fee is required.
- ☐ System could not be inspected because County could not respond to plumber's time constraints.

Comments: please maintain system per recorded agreement.

	SOIL TEST <u>7-1-15</u>	Industry Services Division 1400 E Washington Ave P.O. Box 7162 Madison, WI 53707-7162		County <u>Bayfield</u>
Sanitary Permit Application In accordance with SPS 383.21(2), Wis. Adm. Code, submission of this form to the appropriate governmental unit is required prior to obtaining a sanitary permit. Note: Application forms for state-owned POWTS are submitted to the Department of Safety and Professional Services. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.				Sanitary Permit Number (to be filled in by Co.) <u>15-778</u>
				State Transaction Number
I. Application Information - Please Print All Information				Project Address (if different than mailing address) <u>Bain Rd</u>
Property Owner's Name <u>Ricky Konczak</u>			Parcel # <u>04-022-2-47-09-06-1</u> <u>02-000-10000</u>	
Property Owner's Mailing Address <u>10850 S. Long Lake Rd</u>			Property Location Govt. Lot <u>NW 1/4, NE 1/4, Section 6</u> T 47 N ; R 9 E of <u>(W)</u>	
City, State <u>Iron River WI</u>	Zip Code <u>54847</u>	Phone Number <u>715.372.8233</u>	Subdivision Name <input type="checkbox"/> City of <input type="checkbox"/> Village of <input checked="" type="checkbox"/> Town of <u>Hughes</u>	
II. Type of Building (check all that apply) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - Number of Bedrooms <u>3</u> <input type="checkbox"/> Public/Commercial - Describe Use _____ <input type="checkbox"/> State Owned - Describe Use _____			Lot # _____ Block # _____ CSM Number _____	
III. Type of Permit: (Check only one box on line A. Complete line B if applicable)				
A. <input checked="" type="checkbox"/> New System		<input type="checkbox"/> Replacement System		<input type="checkbox"/> Treatment/Holding Tank Replacement Only
<input type="checkbox"/> Permit Renewal Before Expiration		<input type="checkbox"/> Permit Revision		<input type="checkbox"/> Change of Plumber
<input type="checkbox"/> Other Modification to Existing System (explain)		<input type="checkbox"/> Permit Transfer to New Owner		
List Previous Permit Number and Date Issued				
IV. Type of POWTS System/Component/Device: (Check all that apply)				
<input checked="" type="checkbox"/> Non-Pressurized In-Ground <input type="checkbox"/> Pressurized In-Ground <input type="checkbox"/> At-Grade <input type="checkbox"/> Mound ≥ 24 in. of suitable soil <input type="checkbox"/> Mound < 24 in. of suitable soil <input type="checkbox"/> Holding Tank <input type="checkbox"/> Other Dispersal Component (explain) _____ <input type="checkbox"/> Pretreatment Device (explain) _____				
V. Dispersal/Treatment Area Information:				
Design Flow (gpd) <u>450</u>	Design Soil Application Rate (gpd/sf) <u>.7</u>	Dispersal Area Required (sf) <u>642.9</u>	Dispersal Area Proposed (sf) <u>645.1</u>	System Elevation <u>95.3</u>
VI. Tank Info		Capacity in Gallons New Tanks Existing Tanks	Total Gallons # of Units Manufacturer	Prefab Concrete Site Constructed Steel Fiber Glass Plastic
Septic or Holding Tank		<u>1000</u>	<u>1000</u> <u>1</u> <u>Wieser</u>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dosing Chamber				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.				
Plumber's Name (Print) <u>Chad Rochwite</u>		Plumber's Signature <u>Chad Rochwite</u>		MP/MPRS Number <u>220595</u>
Business Phone Number <u>715-292-2415</u>				
Plumber's Address (Street, City, State, Zip Code) <u>4295 S County Road D, Poplar, WI 54864</u>				
VIII. County/Department Use Only				
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Reason for Denial	Permit Fee \$ <u>400</u>	Date Issued <u>7-1-15</u>	Issuing Agent Signature <u>[Signature]</u> <u>10/3/28</u> <u>7-1-15</u>
IX. Conditions of Approval/Reasons for Disapproval <u>SYSTEM SHALL BE MAINTAINED PER RECORDED AGREEMENT.</u>				

Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size

SOIL EVALUATION REPORT

Copy

Page 1 of 3

in accordance with SPS 383, Wis. Adm. Code

Attach complete site plan on paper not less than 8 1/2 x 11 inches in size. Plan must include, but not limited to: vertical and horizontal reference point (BM), direction and percent slope, scale or dimensions, north arrow, and location and distance to nearest road.

Please print all information.

Personal information you provide may be used for secondary purposes (Privacy Law, s. 15.04 (1) (m)).

Property Owner Ricky Konczak		Property Location Govt. Lot NW 1/4 NE 1/4 S 6 T 47 N R 9 E (or) W <input checked="" type="checkbox"/>	
Property Owner's Mailing Address 10850 S Long Lake Rd		Lot #	Block #
City Iron River	State WI	Zip Code 54874	Phone Number (715) 372-8233
		<input type="checkbox"/> City	<input type="checkbox"/> Village <input checked="" type="checkbox"/> Town
		Nearest Road Hughes Bain Rd	
<input checked="" type="checkbox"/> New Construction		Use: <input checked="" type="checkbox"/> Residential / Number of bedrooms 3 Code derived design flow rate 450 GPD	
<input type="checkbox"/> Replacement		<input type="checkbox"/> Public or commercial - Describe: _____	
Parent material _____		Flood Plain elevation if applicable _____ ft.	
General comments and recommendations: _____			

1	Boring #	<input type="checkbox"/> Boring	Ground surface elev. <u>97.36</u> ft.	Depth to limiting factor <u>96</u> in.	Soil Application Rate					
		GPD/ft ²								
Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	*Eff#1	*Eff#2
1	0-7	7.5yr 3/2	None	ls	lmsbk	mvfr	C	3m	.7	1.6
2	7-31	7.5yr 3/4	↓	ls	lmsbk	mvfr	C	2m	.7	1.6
3	31-96	7.5yr 4/6	↓	s	Osg	ml		—	.7	1.6

<div>2</div>	Boring #	<input checked="" type="checkbox"/> Boring	Ground surface elev. <u>97.34</u> ft.	Depth to limiting factor <u>96</u> in.	Soil Application Rate					
		<input type="checkbox"/> Pit			GPD/ft ²					
Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	*Eff#1	*Eff#2
1	0-8	7.5Yr 3/2	None	ls					.7	1.6
2	8-30	7.5Yr 3/4	↓	ls					.7	1.6
3	30-96	7.5Yr 4/6	↓	s					.7	1.6

* Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

* Effluent #1 = BOD₅ > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L

* Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

CST Name (Please Print) Chad Rochwite	Signature Chad Rochwite	CST Number 220595
Address 4295 S County Road D	Date Evaluation Conducted 5.15.15	Telephone Number 715-292-2415

SBD-8330 (R07/13)

Property Owner Ricky KoneczakParcel ID # 18177Page 2 of 3Boring # 3 ☐ Boring
☒ Pit Ground surface elev. 97.78 ft. Depth to limiting factor 96 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/ft ²	
									*Eff#1	*Eff#2
1	0-7	7.5yr 3/2	None	ls	lmsbk	mvfr	C	2m	.7	1.6
2	7-31	7.5yr 3/4	↓	ls	lmsbk	mvfr	C	1m	.7	1.6
3	31-96	7.5yr 4/6	↓	s	Osg	ml		-	.7	1.6

Boring # ☐ Boring
☐ Pit Ground surface elev. _____ ft. Depth to limiting factor _____ in.

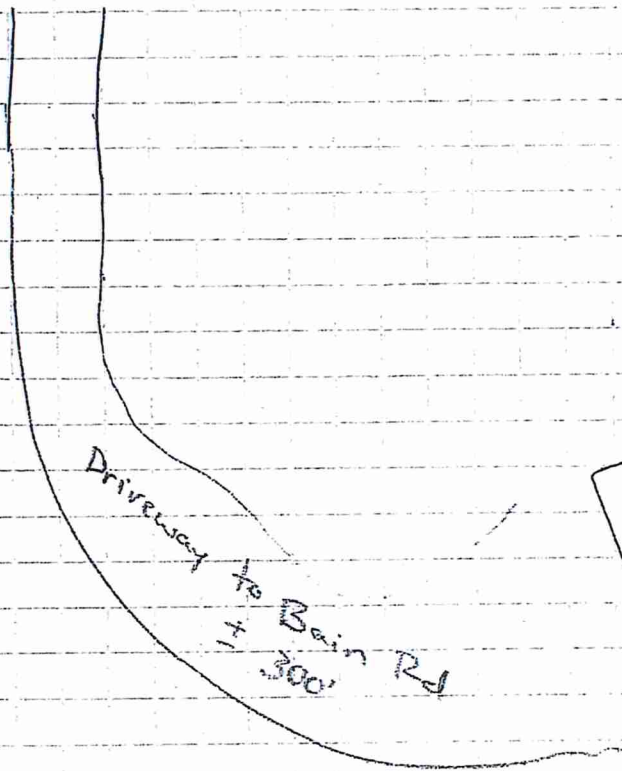
Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/ft ²	
									*Eff#1	*Eff#2

Boring # ☐ Boring
☐ Pit Ground surface elev. _____ ft. Depth to limiting factor _____ in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/ft ²	
									*Eff#1	*Eff#2

* Effluent #1 = BOD₅ > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L* Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

The Department of Commerce is an equal opportunity service provider and employer. If you need assistance to access services or need material in an alternate format, please contact the department at 608-266-3151 or TTY 608-264-8777.



No well onsite

Proposed Trailer

▲ BM - Top of Nail
- Ribbed 8" maple

▲
• B1 (97.36')

0% slope





• B3
(97.78')

scale - 1" = 40'

20 acre parcel
Nearest lot line > 100' from POWTS

• B2 (97.34')

NW¹/₄, NE¹/₄, S6, T47N, R9W
Town of Hughes
Tax # 18177

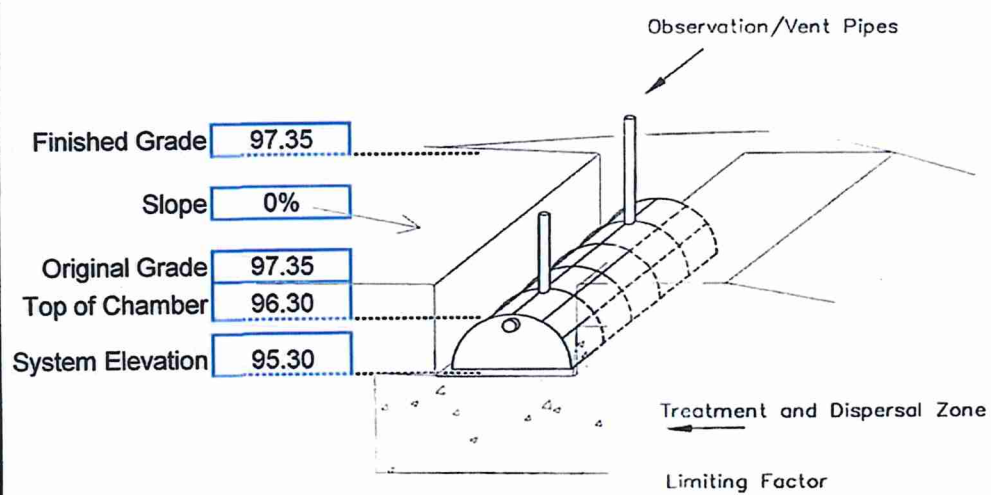
Ricky Konczak	Property Owners Name
Bain Road	Property Address
04-022-2-47-09-06-1 02-000-10000	Tax Parcel Number
Bayfield	County
E 1/2 NW1/4, NE1/4	Legal Description
6	Section
47N	Town
9W	Range
Page Index	
1 Property Information	
2 Data Entry	
3 Plot Plan	
4 Drainfield Cross-Section	
5 Tank Information	
6 Maintenance Plan	
7 Contingency Plan	
<hr/> <hr/> <hr/> <hr/>	
Chad Rochwite	Plumber's Name
	Plumber's Signature
220595	Plumber's License Number
715-292-2415	Plumber's Phone Number
6/3/15	Date
<div><div>P.O.W.T.S Conditionally APPROVED BAYFIELD COUNTY</div><div> See Comments 7-1-15</div></div>	

In-Ground Soil Absorption SBD-10705-P (N.01/01) Version 2		Component Manual Used
3	Number of Bedrooms	
0	Percent Slope (%)	
96	Depth to Soil Limiting Factor (in.)	
0.7	In Situ soil application rate	
300	Estimated Wastewater Flow (gpd)	
450	Design Wastewater Flow (gpd)	
1	Number of System Elevations	
95.3	Proposed System Elevation #1	
	Proposed System Elevation #2	
	Proposed System Elevation #3	
97.35	Original Grade #1	
97.35	Finished Grade #1	
	Original Grade #2	
	Finished Grade #2	
	Original Grade #3	
	Finished Grade #3	

Wieser 1000	Septic Tank
Polylok PL-525	Effluent Filter

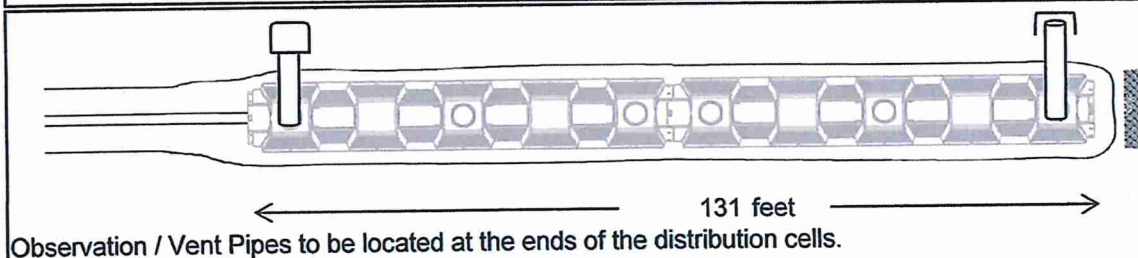
Infiltrator Quick4 Plus Standard		Chamber Type
12	Height of Chamber (in.)	
20	sq.ft. per chamber(ESIA)	
5.1	sq.ft. per pair of end caps (EISA)	
4	laying length of chamber(ft.)	
1.5	length of endcap(ft.)	
34	Chamber width(in.)	
1	Rows of Chambers	
	Distance Between Cells (ft.)	
32	Number of chambers in first row	
	Number of chambers in second row	
	Number of chambers in third row	
32	Proposed Number of Chambers Used	
642.9	Minimum Distribution Cell Area Required (sq.ft.)	
645.1	Distribution Cell Area Proposed (sq.ft.)	

Cross Section of an In Ground Component Cell Using Leaching Chambers



Observation/Vent pipes to be constructed and capped with approved materials for the particular use.

Diagrams Not To Scale



WLP1000-MR TANK SPECIFICATIONS

DIMENSIONS:

WALL: 2 1/2"
 BOTTOM: SEPTIC 3"
 HOLDING 5" (ADD 1,300 LB.)
 COVER: 4"
 MANHOLE: 24" I.D. PRECAST CONCRETE RISER
 HEIGHT: DOME COVER 61" O.D.
 FLAT COVER 53 1/4" O.D.
 LENGTH: 104" O.D.
 WIDTH: 86" O.D.
 BELOW INLET: 42" O.D.
 LIQUID LEVEL: 36"
 WEIGHT: 6,790 LBS.

INLET AND OUTLET:
 4" CAST-A-SEAL BOOT OR EQUAL
 GASKET, CAST-A-SEAL BOOT OR EQUAL

INLET AND OUTLET BAFFLE AND FILTER:
 WISCONSIN, SEE DETAIL #10
 (OTHER STATES SEE CHART)

LIQUID CAPACITY: 27.83 GAL/IN

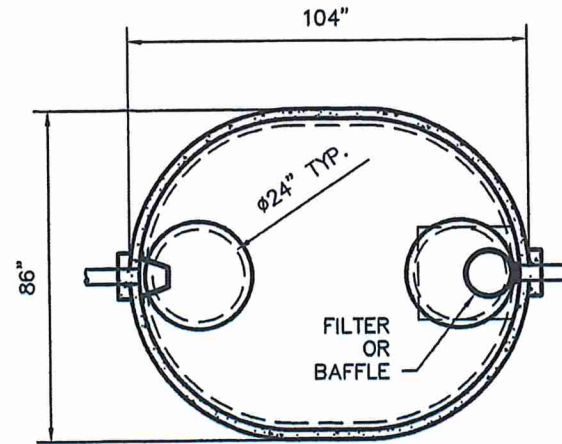
HOLDING TANK:
 OUTLET HOLE PLUGGED
 ACTUAL CAPACITY: 1,024 GALLONS

LOADING DESIGN: 8' 0" UNSATURATED SOIL

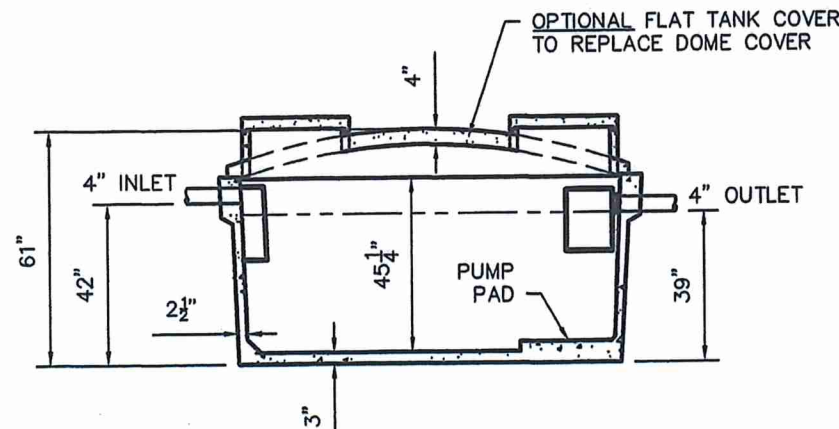
MN TANKS:
 WILL HAVE ONE VENT OVER OUTLET
 AND WILL HAVE TWO VENTS IN COVER OVER INLET

TANK CAN BE USED AS:
 SEPTIC/ HOLDING/ PUMP OR SIPHON

CUSTOMIZED TANKS:
 TANKS CAN BE CUSTOMIZED CONTACT WIESER CONCRETE



TOP VIEW



SIDE VIEW

TANKS ARE MANUFACTURED TO MEET OR EXCEED ASTM C-1227 REQUIREMENTS

SCALE: 1/4" = 1'	REV NO.	DATE:
DRAWN BY: SWT		
DATE: JANUARY 2008		
FILE: WLP1000-MR		
WIESER CONCRETE W3716 US HWY10, MAIDEN ROCK, WI 54750 800-325-8456		
WLP1000-MR SEPTIC MANUAL REV. JAN. 2008		
SHEET NO. 0 OF 0		

Ricky Konczak
Bain Road
04-022-2-47-09-06-1 02-000-10000

Number of Bedrooms	3
Estimated Flow (average) gallons / day	300
Design Flow (peak), (Estimated x 1.5) gal/day	450
Soil Application Rate gal/day/ft ²	0.7
Influent / Effluent Quality Monthly Average	
Fats, Oil & Grease (FOG)	30 mg/L
Biochemical Oxygen Demand (BOD ₅)	220 mg/L
Total Suspended Solids (TSS)	150 mg/L

Septic Tank	Wieser 1000
Effluent Filter	Polylok PL-525

PRINT PAGE

!!NOTE!!

Servicing frequency of 12 months or less requires the Management Plan be recorded with the Register of Deeds.

Maintenance Schedule

Service Event	Service Frequency
Inspect condition of tank(s)	At least once every 3 Year(s)
Pump out contents of tank(s)	When combined sludge and scum = 1/3 of tank volume
Inspect dispersal cell(s)	At least once every 3 Year(s)
Clean effluent filter	At least once every 1.1 Year(s)

Maintenance Instructions

Inspections of tanks and dispersal cells shall be made by an individual carrying one of the following licenses or certifications: Master Plumber, Master Plumber Restricted Sewer, POWTS Maintainer, Septage Servicing Operator. Tank inspection must include a visual inspection of the tank(s) to identify any missing or broken hardware, identify any cracks or leaks, measure the volume of combined sludge and scum and to check for any backup or ponding of effluent on the ground surface. The dispersal cell(s) shall be visually inspected to check the effluent levels in the observation pipes and to check for any ponding of effluent on the ground surface. The ponding of effluent on the ground surface may indicate a failing condition and requires the immediate notification of the local regulatory authority.

When the combined accumulation of sludge and scum in any tank equals 1/3 or more of the tank volume, the entire contents of the tank shall be removed by a Septage Servicing Operator and disposed of in accordance with ch. NR 113, Wisconsin Administrative Code.

A service report shall be provided to the Bayfield County Zoning Dept within 30 days of any service event.

Start-Up and Operation

For new construction, prior to use of the POWTS check treatment tank(s) for the presence of painting products or other chemicals that may impede the treatment process and / or damage the dispersal cell(s). If high concentrations are detected have the contents of the tank removed by a licensed Septage Service Operator.

System start-up shall not occur when soil conditions are frozen at the infiltrative surface.

Do not drive or park vehicles over tanks and dispersal cells.

Reduction or elimination of the following from the wastewater stream may improve the performance and prolong the life of the POWTS: antibiotics, baby wipes, cigarette butts, condoms, cotton swabs, degreasers, dental floss, diapers, disinfectants, fat, foundation drain (sump pump) water, gasoline, grease, oil, painting products, pesticides, sanitary napkins, tampons, and water softener brine.

Abandonment

When the POWTS fails and / or is permanently taken out of service the following steps shall be taken to insure that the system is properly and safely abandoned in compliance with Wisconsin Administrative Code SPS 383.33;

- All piping to tanks and pits shall be disconnected and the abandoned pipe openings sealed.
- The contents of all tanks and pits shall be removed and properly disposed of by a Septage Servicing Operator.
- After pumping, all tanks and pits shall be excavated and removed or their covers removed and the voidspace filled with soil, gravel or another inert solid material.

Contingency Plan

If the POWTS fails and cannot be repaired the following measures have been, or must be taken to provide a code compliant replacement system: **(Check One)**

☒ The site has not been evaluated to identify a suitable replacement area. Upon failure of the POWTS a soil and site evaluation shall be performed to locate a suitable replacement area. If no replacement area is available a holding tank may be installed to replace the failed POWTS.

☐ A suitable replacement area has been evaluated and may be utilized for the location of a replacement soil absorption system. The replacement area should be protected from disturbance and compaction and should not be infringed upon by required setbacks from existing and proposed structures, lot lines and wells. Failure to protect the replacement area will result in the need for a new soil and site evaluation to establish a suitable replacement area. Replacement systems must comply with the rules in effect at that time.

☐ A suitable replacement area is not available due to setback and/or soil limitations. A holding tank may be installed to replace the failed POWTS.

!!WARNING!!

Septic, pump and other treatment tanks may contain lethal gasses and/or insufficient oxygen. Do not enter a septic, pump or other treatment tank under any circumstances. Death may result. Rescue of a person from the interior of a tank may be difficult or impossible.

POWTS Installer

Name	Chad Rochwite
Phone #	715-292-2415

Septic Pumper

Name	Superior Septic LLC
Phone #	218-343-0108

POWTS Maintainer

Name	Lyle Rochwite
Phone #	920-533-8685

Local Regulatory Authority

Agency	Bayfield County Zoning
Phone #	715-373-6138



Real Estate Bayfield County Property Listing

Today's Date: 7/1/2015

Property Status: Current

Created On: 3/15/2006 1:15:30 PM





 **Description** Updated: 6/8/2015

Tax ID:	18177
PIN:	04-022-2-47-09-06-1 02-000-10000
Legacy PIN:	022101705000
Map ID:	
Municipality:	(022) TOWN OF HUGHES
STR:	S06 T47N R09W
Description:	E 1/2 NW NE IN V.1143 P.437 189
Recorded Acres:	21.650
Calculated Acres:	21.345
Lottery Claims:	0
First Dollar:	No
Zoning:	(AG1) Agricultural-1
ESN:	117

 **Tax Districts** Updated: 3/15/2006

1	STATE
04	COUNTY
022	TOWN OF HUGHES
163297	SCHL-MAPLE
001700	TECHNICAL COLLEGE

 **Recorded Documents** Updated: 8/31/2010

 QUIT CLAIM DEED	2015R-558978 1143-437
Date Recorded: 6/3/2015	
 LAND CONTRACT	2010R-532957 1040-785
Date Recorded: 6/1/2010	
 TERMINATION OF DECEDENT'S INTEREST	2010R-532956 1040-781
Date Recorded: 6/1/2010	
 WARRANTY DEED	319620 312-304
Date Recorded: 2/17/1978	

 **Ownership** Updated: 6/8/2015**RICKY D KONCZAK** IRON RIVER WI

Billing Address:	Mailing Address:
RICKY D KONCZAK	RICKY D KONCZAK
10850 LONG LAKE RD	10850 LONG LAKE RD
IRON RIVER WI 54847	IRON RIVER WI 54847

 **Site Address** * indicates Private Road

N/A

 **Property Assessment** Updated: 7/28/2011

2015 Assessment Detail			
Code	Acres	Land	Imp.
G6-PRODUCTIVE FOREST	21.650	34,600	0

2-Year Comparison	2014	2015	Change
Land:	34,600	34,600	0.0%
Improved:	0	0	0.0%
Total:	34,600	34,600	0.0%

 **Property History**

N/A

Krystal Hudachek

From: Krystal Hudachek
Sent: Thursday, July 02, 2015 3:25 PM
To: 'chad@superiorsepticssystems.org'
Subject: RE: Konczak Sanitary
Attachments: 20150702152210585.pdf

From: chad@superiorsepticssystems.org [<mailto:chad@superiorsepticssystems.org>]
Sent: Thursday, July 02, 2015 3:04 PM
To: Krystal Hudachek
Subject: Re: Konczak Sanitary

On 2015-07-01 18:39, Krystal Hudachek wrote:

Krystal Hudachek
Bayfield County Planning & Zoning
117 E 5th Street / PO Box 58
Washburn WI 54891
Office: (715) 373-6138
Fax: (715) 373-0114
www.bayfieldcounty.org/147



Krystal Hudachek

From: Krystal Hudachek
Sent: Monday, July 06, 2015 1:11 PM
To: 'chad@superiorsepticssystems.org'
Subject: RE: inspection chance
Attachments: 20150706130240079.pdf

Here you go! Thanks for following the rules! :)

From: chad@superiorsepticssystems.org [<mailto:chad@superiorsepticssystems.org>]
Sent: Monday, July 06, 2015 12:46 PM
To: Krystal Hudachek
Subject: inspection chance



Could have sent this sooner but I wasn't in my office to fill out this wonderful form.

Plumber:	Chael	Phone Number 715 292 2415	
		Fax Number	
Home Owner:	Ricky Konczak		
Sanitary Permit #:	#04-15-775		
Date:	Plumber's Choice July X 7	Zoning Dept 	<u>No inspection during these times</u> 11:30 am – 2:30 pm Wed. (Jen) 9:30 am – 12:30 pm Tues. (Josh) 9:30 am – 12:30 pm Thurs. (Josh)
Time:	Plumber's Choice 11:00 12:00	Zoning Dept 	Immediate Phone Number so Zoning Dept can call you back if needed
Township:	Hughes		
Address # & Road Name: or Directions To Site:	Bain Road		
Comments: <p>Reminder: You must confirm any change(s) that have been made prior to _____ or <u>this inspection will not be scheduled and</u> a memo will be sent voiding the inspection.</p> <p style="text-align: right;">Thank You!</p>			

Request for Sanitary Inspection

(Fax this form to Zoning Dept when you want an inspection – 373-0114)


Note: From Zoning Dept	<input type="checkbox"/> Time Change	<input type="checkbox"/> Discrepancy	<input type="checkbox"/> Other _____

Plumber:	Chael		Phone Number 715 292 2415
			Fax Number
Home Owner:	Ricky Konczak		
Sanitary Permit #:	#04-15-775		
Date:	Plumber's Choice July 6	Zoning Dept 	<u>No inspection during these times</u> 11:30 am – 2:30 pm Wed. (Jen) 9:30 am – 12:30 pm Tues. (Josh) 9:30 am – 12:30 pm Thurs. (Josh)
Time:	Plumber's Choice 1:00 <i>cancelled</i>	Zoning Dept 	Immediate Phone Number so Zoning Dept can call you back if needed
Township:	Hughes		
Address # & Road Name: or Directions To Site:	Bain Road		
Comments: <u>Reminder:</u> You must confirm any change(s) that have been made prior to _____ or <u>this inspection will not be scheduled and</u> a memo will be sent voiding the inspection. Thank You!			

Request for Sanitary Inspection

(Fax this form to Zoning Dept when you want an inspection – 373-0114)

Note: From Zoning Dept	<input type="checkbox"/> Time Change	<input type="checkbox"/> Discrepancy	<input type="checkbox"/> Other _____
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 SOIL TEST 76-15	Industry Services Division 1400 E Washington Ave P.O. Box 7162 Madison, WI 53707-7162		County Bayfield	
			Sanitary Permit Number (to be filled in by Co.) 15-77S	
Sanitary Permit Application In accordance with SPS 383.21(2), Wis. Adm. Code, submission of this form to the appropriate governmental unit is required prior to obtaining a sanitary permit. Note: Application forms for state-owned POWTS are submitted to the Department of Safety and Professional Services. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.				
I. Application Information - Please Print All Information			State Transaction Number	
Property Owner's Name Ricky Konczak			Project Address (if different than mailing address) Bain Rd	
Property Owner's Mailing Address 10850 S. Long Lake Rd			Parcel # 04-022-2-47-09-06-1 02-000-10000	
City, State Iron River WI	Zip Code 54847	Phone Number 715.372.8233	Property Location Govt. Lot NW 1/4, NE 1/4, Section 6 T 47 N ; R 9 E of (W)	
II. Type of Building (check all that apply) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - Number of Bedrooms 3 <input type="checkbox"/> Public/Commercial - Describe Use _____ <input type="checkbox"/> State Owned - Describe Use _____		Lot # Block # CSM Number	Subdivision Name <input type="checkbox"/> City of <input type="checkbox"/> Village of <input checked="" type="checkbox"/> Town of Hughes	
III. Type of Permit: (Check only one box on line A. Complete line B if applicable)				
A.	<input checked="" type="checkbox"/> New System	<input type="checkbox"/> Replacement System	<input type="checkbox"/> Treatment/Holding Tank Replacement Only	<input type="checkbox"/> Other Modification to Existing System (explain)
B.	<input type="checkbox"/> Permit Renewal Before Expiration	<input type="checkbox"/> Permit Revision	<input type="checkbox"/> Change of Plumber	<input type="checkbox"/> Permit Transfer to New Owner
List Previous Permit Number and Date Issued				
IV. Type of POWTS System/Component/Device: (Check all that apply) <input checked="" type="checkbox"/> Non-Pressurized In-Ground <input type="checkbox"/> Pressurized In-Ground <input type="checkbox"/> At-Grade <input type="checkbox"/> Mound ≥ 24 in. of suitable soil <input type="checkbox"/> Mound < 24 in. of suitable soil <input type="checkbox"/> Holding Tank <input type="checkbox"/> Other Dispersal Component (explain) <input type="checkbox"/> Pretreatment Device (explain)				
V. Dispersal/Treatment Area Information:				
Design Flow (gpd) 450	Design Soil Application Rate(gpdsf) .7	Dispersal Area Required (sf) 642.9	Dispersal Area Proposed (sf) 645.1	System Elevation 95.3
VI. Tank Info	Capacity in Gallons New Tanks Existing Tanks		Total Gallons # of Units	Manufacturer
Septic or Holding Tank	1000		1000 1	Wieser
Dosing Chamber				
VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.				
Plumber's Name (Print) Chad Rochwite		Plumber's Signature Chad Rochwite		MP/MPRS Number 220595
Business Phone Number 715-292-2415				
Plumber's Address (Street, City, State, Zip Code) 4295 S County Road D, Poplar, WI 54864				
VIII. County/Department Use Only				
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Permit Fee \$ 400	Date Issued 7-1-15	Issuing Agent Signature [Signature] 1043128 7-1-15
IX. Conditions of Approval/Reasons for Disapproval SYSTEM SHALL BE MAINTAINED PER RECORDED AGREEMENT.				

Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size

Private Sewage System Maintenance Agreement

PATRICIA A OLSON
BAYFIELD COUNTY, WI
REGISTER OF DEEDS

2015R-559309

06/26/2015 01:46PM

TF EXEMPT #:

RECORDING FEE: 30.00

PAGES: 1

Owner(s) Name

Ricky Konczak

Owner(s) Mailing Address

10850 S. Long Lake Rd

Site Address

Bain Rd

Parcel Identifier Number (PIN) (Use new 24 digit number)

04-022-2-47-09-06-1 02-000-10000

As owner, I (we) do hereby certify the private sewage system will be installed in accordance with the certified soil tester's report and approved plans and specifications on file with Bayfield County Planning and Zoning Department. The system will be operated in such a manner as to meet the designed plans. I (we) agree to maintain said private system at the below listed location in accordance with rules established in the WI Adm. Code, as from time to time amended.

EAST HALF
NW 1/4 of NE 1/4 Section 6 Township 47 N. Range 9 W.

Town of Hughes Gov't Lot

Lot Block Subdivision CSM#

Additional Legal Description:

Recording Area

Return To:

Planning and Zoning Department

☒ In-ground gravity

☐ In-ground dosed

☐ In-ground pressure distribution Sewage System:

☐ Mound

☐ At-grade Sewage System

☐ Other

Septic Tank (system types A through E): The septic tank shall be pumped by a certified septage servicing operator within three (3) years of the date of installation and at least once every three (3) years thereafter unless, upon inspection by a licensed master plumber or other person authorized to make such inspection, the tank is found to have less than one-third (1/3) of the volume occupied by sludge and scum.

Pump Chamber (system types B, C, D, and E): The pump chamber shall also be rinsed and pumped out when the septic tank is serviced as provided above. The switches and pump controls shall also be inspected and maintained to ensure operability of said components.

Septic Tank Effluent Filter (system types A through E): The septic tank effluent filter shall be inspected and maintained as necessary and in accordance with manufacturer's specifications. Filter maintenance reports shall be submitted to the County as required by SPS 383.55, Wis. Admin. Code.

Private Sewage System Dispersal Cell (system types A through E): The private sewage system distribution cell shall be visually inspected by a certified septage servicing operator, POWTS inspector, or licensed master plumber within three (3) years of the date of installation and at least once every three (3) years thereafter to determine whether wastewater or effluent from the system is ponding on the ground surface.

Mounds, At-grade, and In-ground Pressure System Laterals (system types C, D and E): The laterals shall be flushed out and swabbed if needed when the wastewater distribution cell component is inspected as provided above.

Owner(s) agree that failure to comply with this agreement will result in action being taken to pay all charges and costs incurred by Bayfield County for inspection, pumping, hauling, or otherwise servicing and maintaining the private sewage system tank in such a manner as to prevent or abate any human health hazard caused by the system. Bayfield County shall notify the owner of any costs which shall be paid by the owner within thirty (30) days from the date of notice. In the event the owner does not pay the costs within thirty (30) days, the owner specifically agrees that all the costs and charges may be placed on the tax roll as a special assessment for the abatement of a human health hazard, and the tax shall be collected as provided by law.

The terms and conditions of the variance shall be binding upon and inure to the benefit of all current and future owners of such property.

Owner(s) Name(s) - Please Print

Ricky D. Konczak

Subscribed and sworn to before me on this date:

June 26, 2015

Notarized Owner(s) - Signature(s)

Ricky D. Konczak

Notary Public

My Commission Expires:

10-5-18

Drafted by: Ched Rochowite

Date: June 25 2015

V 1144 P709

PAMELA J SERBOUSEK
Notary Public
State of Wisconsin

Proofed by: _____

BAYFIELD COUNTY

SANITARY PERMIT (#04)-15-77S

STATE SANITARY PERMIT

OWNER: RICKY D KONCZAK

GOV'T LOT: LOT: BLK: 0

CSM:

SUBDIVISION:

NW 1/4 NE 1/4 SEC: 6, T 47 N, R 9 W

TOWNSHIP: HUGHES

SOIL TEST: 76-15

NEW SYSTEM

SYSTEM TYPE: Non-Pressurized In-Ground

PLUMBER: Chad Rochwite

JENNIFER MURPHY DATE: 7/1/2015

Authorized Issuing Officer

CHAPTER 145.135(2) WISCONSIN STATUTES

- a. The purpose of the sanitary permit is to allow installation of the private sewage system described in the permit.
- b. The approval of the sanitary permit is based on regulations in force on the date of approval.
- c. The sanitary permit is valid and may be renewed for specified period.
- d. Changed regulations will not impair the validity of a sanitary permit.
- e. Renewal of the sanitary permit will be based on regulations in force at the time renewal is sought, and that changed regulations may impede renewal.
- f. The sanitary permit is transferable.

History: 1977 c. 168; 1979 c. 34,221; 1981 c. 314

Note: If you wish to renew the permit, or transfer ownership of the permit, please contact the county authority.

PREVIOUS PERMIT #:

LICENSE: #

Condition: System shall be maintained per recorded agreement.

THIS PERMIT EXPIRES 7/1/2017

POST IN PLAIN VIEW

MUST BE VISIBLE FROM ROAD FRONTING THE LOT DURING CONSTRUCTION

Krystal Hudachek

From: Krystal Hudachek
Sent: Wednesday, July 01, 2015 1:40 PM
To: chad@superiorsepticssystems.org
Subject: Konczak Sanitary
Attachments: 20150701133556016.pdf

Krystal Hudachek
Bayfield County Planning & Zoning
117 E 5th Street / PO Box 58
Washburn WI 54891
Office: (715)373-6138
Fax: (715)373-0114
www.bayfieldcounty.org/147

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **Reconnect (15-77S)**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0294** Tax ID: **18177** Issued To: **Patrick & Jill Burke**

E ½ of the
Location: **NW ¼ of NE ¼ Section 6 Township 47 N. Range 9 W. Town of Hughes**

Gov't Lot	Lot	Block	Subdivision	CSM#
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Residential Structure in Ag-1 zoning district
For: **[1-Story]; Residence (44' x 34'); Porch (16' x 6'); Attached Garage (34' x 34'); = 2,748 sq. ft.] at a Height of 18'**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Meet and maintain setbacks including eaves & overhangs. For Personal Residence Only. A Uniform Dwelling Code (UDC) Permit from the locally contracted UDC Inspection Agency must be obtained prior to the start of construction. State/Town/DNR permits may be required.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

October 27, 2022

Date